

HOW IS COMMUNITY LEVEL PARTICIPATION MOST EFFECTIVE IN TURNING THE TIDE?

OFFICE OF HIV/AIDS USAID: COUNTRY-SPECIFIC EXAMPLES OF EVIDENCE-BASED COMMUNITY LEVEL INTERVENTIONS THAT HAVE DEMONSTRATED IMPACT.

INTERVENTION

The Strengthening Communities through Integrated Programming (SCIP) consortium in Nampula province, Mozambique is a 5-year project designed to improve quality of life at the household and community level by improving health and nutrition status and increasing household economic viability. Combining health, HIV/AIDS, water and sanitation and youth farmers' club development, PSI, World Relief, CARE and CLUSA, under the leadership of Pathfinder International, are currently working at the provincial, district, and community levels in 14 districts of Nampula in close collaboration with government and in a complementary manner with development partners.

SCIP successfully utilizes a community platform to create an enabling environment to address HIV prevention, care and treatment. In order to mitigate the impact of HIV in Nampula Province, the SCIP project involves community leaders in the identification and provision of services for Orphans and Vulnerable Children (OVCs) as well as engaging OVCs in youth farmer clubs. SCIP collaborates with the Mozambican Ministry of Health to improve the continuum of care by strengthening the link between the community health counselor and the health center. Community health workers, who work in tandem with the Community Leader Councils, provide both house visits and home-based care to chronically-ill patients to support adherence to treatment, reduce loss to follow-up (LTFU) and increase adherence to health centers.

As a result of this receptive environment, the project is successful in providing community-level HIV counseling and testing (CHCT) by trained counselors. SCIP integrates PEPFAR's minimum package of Prevention with Positives (PwP) in its CHCT services (recognizing the value of a strengthened relationship between counselor and client, and using the PwP package to increase client understanding of the importance of treatment adherence). Following a two-day intensive participatory PwP training in June 2011, CHCT counselors integrated the six components of PwP into CHCT by including counseling for PLHIV and families.

EVALUATION METHODOLOGY

Four districts in Nampula Province were selected for analysis based on available data: Rapale, Malema, Monapo and Memba.

The indicators selected to assess the impact of PwP were:

- the numbers/percentage of individuals LTFU compared to pre- and post- PwP intervention, and
- the number of PLHIV reached with the minimum package of PwP.

Data was analyzed before and after the integration of PwP into CHCT regarding the numbers of persons reached and of individuals LTFU.

RESULTS ACHIEVED

Preliminary analysis indicates that 65 PLHIV were reached with the minimum package of PwP in Rapale (19), Malema (38), Monapo (4) and Memba (4) following the training on PwP, 3.8 times the number reached prior to the training (17).

In Rapale, the percentage of PLHIV followed up by CHTC counselors increased from 11% to 40%, and the percentage of PLHIV LTFU decreased from 35% to 15%. In Malema, the percentage of PLHIV followed up by CHTC increased from 22% to 109%, and the percentage of PLHIV LTFU decreased from 5% to 0%. In Monapo, the percentage of PLHIV followed up by CHTC increased from 0% to 24%, and the percentage of PLHIV LTFU decreased from 48% to 12%. In Memba, the percentage of PLHIV followed up by CHTC decreased from 22% to 8%, and the percentage of PLHIV LTFU decreased from 61% to 4%.